

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)

17	u6	100
ABJ.	JÆ,	(C)
ОМВ	APPR	ROVAL
		3235-0076
Expires:	April	l 30,2008 ge burden
Estimated	averaç	ge burden
hours per r	espon	se16.00

141/47/

SEC USE ONLY					
Prefix	Serial				
DATE RE	CEIVED				
	1				

Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
Type of Filing: New Filing  Amendment	_
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer ( / check if this is an amendment and name has changed, and indicate change.)	
Highland Sola Fund Ltd. (f/k/a Highfield Ultra Ltd.)	00024100
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
c/o Citi Hedge Fund Services(Cayman)27 Hospital Rd.5thFl, George Town, GrandCayman 345	5.949.5884
	Telephone Number (Including Area Code)
(if different from Executive Offices)	ESSED
Brief Description of Business	LUCED
To operate as a private investment company FEB 0	8 2008
Type of Business Organization    corporation	ISON ICIAI exempled company
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Ser 77d(6).	ction 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A rand Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below which it is due, on the date it was mailed by United States registered or certified mail to that address.	notice is deemed filed with the U.S. Securities or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually sign photocopies of the manually signed copy or bear typed or printed signatures.	ned. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report the thereto, the information requested in Part C, and any material changes from the information previously supplied in not be filed with the SEC.	name of the issuer and offering, any changes n Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Secur are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The	ities Administrator in each state where sales exemption, a fee in the proper amount shall

this notice and must be completed.

filing of a federal notice.

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>	
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more</li> </ul>	re of a class of equity securities of the issuer.
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners</li> </ul>	s of partnership issuers; and
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	or General and/or Managing Partner
Full Name (Last name first, if individual) Cato, Ruby	
Business or Residence Address (Number and Street, City, State, Zip Code) Curanice Consulting NV, Blenchiweg #23, Curacao, Netherlands Antilles	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Directo	or General and/or Managing Partner
Full Name (Last name first, if individual) Eltink, Antonios Th. J.M.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Bussummerweg 37, 1261 BZ Blaricium, The Netherlands	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Directo	General and/or Managing Partner
Full Name (Last name first, if individual) Pucillo, Christopher	
Business or Residence Address (Number and Street, City, State, Zip Code)	
430 Park Avenue, 9th FL, New York, NY 10022	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Directo	r General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Directo	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use additional copies of this sheet, as necessar	ary)

			-		В. І	NFORMAT	ION ABOU	T OFFER	NG				
١.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						Yes	No <b>K</b>					
2. What is the minimum investment that will be accepted from any individual?								\$1,0	00.000,000				
3.								Yes 🗷	No				
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	l Name (	Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (N	Jumber and	d Street, C	ity, State, 2	Zip Code)	<del> </del>					
Nar	me of As	sociated Bi	roker or De	aler	•								
Sta	tes in W	nich Persor	Listed Ha	s Solicit <b>e</b> d	or Intends	to Solicit	Purchasers	<del>.</del>					
	(Check	"All States	s" or check	individua	States)	••••••••	• • • • • • • • • • • • • • • • • • • •			*************		☐ Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (	Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)				<u> </u>		
Nar	ne of As	sociated Br	oker or De	aler								=	
Sta	tes in Wh	nich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers	·····					
	(Check	"All States	s" or check	individual	States)				······································			All States	
	IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV		HI MS OR WY	MO PA PR
Ful	l Name (	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						<del></del>
Nan	ne of Ass	sociated Br	oker or Dea	aler	· · · · · ·								
Stat	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Check "All States" or check individual States)													
IL IN IA KS KY LA ME MD MA MI MN (MT NE NV NH NJ NM NY NC ND OH OK (								MS OR WY	ID MO PA PR				

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	s
	Equity	<del></del>	
	Common Preferred		
	Convertible Securities (including warrants)	\$	s
	Partnership Interests		
	Other (Specify shares of the Fund		
	Total	500,000,000.0	\$ \$\(\scrt{\scrt{\color}}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Answer also in Appendix, Column 3, if filing under ULOE.	<u></u>	<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		•
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	2	\$_45,948,580.00
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)	<del></del>	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		<b>s</b>
	Regulation A	<del></del> _	<b>S</b>
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		<u>s</u>
	Printing and Engraving Costs	[Z]	s
	Legal Fees		\$
	Accounting Fees	<del>-</del>	\$
	Engineering Fees	<del>-</del>	\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$_100,000.00
	Total	<b>Z</b>	\$_100,000.00

	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$\$
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	<del>-</del>		_
	Purchase of real estate		] <b>\$</b>	. 🗆 \$
	Purchase, rental or leasing and installation of mach	hinery Г	¬ <b>s</b>	. 🗆 \$
	Construction or leasing of plant buildings and faci	—	_	_
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asse issuer pursuant to a merger)	ts or securities of another	<b>Դ\$</b>	. □\$
	Repayment of indebtedness	<del>-</del>	_	_
	Working capital	_	_	_
			] \$	s
	Column Totals	······································	\$ 499,975,000	D. □ \$ 0.00
	Total Payments Listed (column totals added)		<b>Z</b> \$_49	99,975,000.00
		D. FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to furrinformation furnished by the issuer to any non-accr	nish to the N.S. Securities and Exchange Commiss	ion, upon writte	
Issi	er (Print or Type)	Signature	ate , , ,	
Hi	hland Sola Fund Ltd. (f/k/a Highfield Ultra Ltd.)		4 Febru	eary 2108
Nai	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
hr	stopher Pucillo	Director		

 $\mathcal{END}$ 

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)